

The Elfrida Society

# The Elfrida Society - 34 Islington Park Street

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Elfrida Society is a local charity based in Islington for adults with a learning disability. The domiciliary care agency describes the specific element of the service that provides personal care as "Homelink." This currently provides support to three adults with learning disabilities within their own homes and in the local community.

This inspection was short notice, which meant the provider and staff did not know we were coming until shortly before we visited the service. At the last inspection on 2 September 2015 the provider met all of the legal requirements we looked at and was rated good.

At this inspection we found the service remained Good.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on 2 September 2015 we made a recommendation in respect of ensuring that although people gave verbal consent, people's written consent to their care plan was not being obtained in all cases. We also recommended that the service monitors staff supervision and appraisal. The provider had accepted these recommendations and had taken action to make improvements.

People were kept safe from harm and staff knew what to do in order to maintain their safety. Risks to people were assessed and action was taken to minimise potential risks.

People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible. The policies and systems in the service also supported this practice.

Support workers were well trained and were supported through supervision and had their performance and development needs reviewed.

People's dignity and privacy was respected and staff knew how each person wanted to be supported.

People's independence was promoted and staff encouraged people to do as much for themselves as possible. People were given information on how to make a complaint and staff supported people to use advocacy services if they wanted to.

People who used the service had support needs around their activities of daily life and engaging in the community. The service provided only small amounts of support to people with personal physical care and did not need to help anyone to take their medicines. Information contained within the four care plans we looked showed that people's support needs were made clear.

The registered manager, along with the Homelink manager and deputy manager carried out regular audits of the service and used these as a means of maintaining high quality care. Any action that was required was taken. The provider was open and transparent in the way that they communicated with people.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service had improved to good. Staff received regular training, supervision and appraisals.

There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support, there was evidence that people had consented to the care provided.

The service continued to focus on ensuring that people's rights were respected and protected.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given short notice of this inspection because the location provided a domiciliary care service. We carried out a visit to the service on 11 September 2017. This inspection was carried out by one inspector.

We looked at any notifications and other communication that we had received and during our inspection we spoke with four people using the service, a relative, four staff that directly provided support to people, the registered manager, home link manager and deputy manager. .

We gathered evidence of people's experiences of the service by conversations we had with people and reviewing other communication that the service had with these people.

As part of this inspection we reviewed four people's care plans and care records. We looked at the training and supervision records for four of the staff team. We reviewed other records such as complaints information, quality monitoring and audit information.



## Our findings

A person using the service told us "Sometimes they [staff] are late but they always tell me." Other people told us "[Staff] help me to be safe. They are always checking I'm OK" and "They look after me and I can do a lot more things on my own now."

A relative told us "[My relative] is able to participate in a much wider range of activities. I do think they support [my relative] in a very safe way."

The service continued to do well at keeping people safe from avoidable harm or abuse. The provider's policy, training for staff and knowledge of staff working with people promoted this. No concerns had been raised about people coming to harm and staff told us they believed the service did well at keeping people safe.

As no new staff had been recruited since our previous inspection we did not look at staff recruitment during this inspection. We had, however, previously seen that staff were recruited properly with the necessary background checks, for example, disclosure and barring service, which had been carried out.

Risks assessments were carried out which related to the particular activities and support each person was assisted with and these showed that risks were considered and were kept under regular review.

All of the people we spoke with told us that staffing levels were suitable and a lack of staff was not something they had experienced. Staff were employed on a part time basis. Staff were recruited and matched to provide support for specific people. The support ranged from maintaining independence in daily living as well as employment, education and recreational activities.

The service had a medicines policy although staff did not provide assistance to people in this area. The registered manager informed us that this remains the case.



## Our findings

People using the service told us "They always ask what I want", "[Staff] help me decide what I want to do" and "They are really good. I think they have lots of training."

A relative told us "[My relative] is able to do a lot more now he has this [member of staff]. I can't really fault them."

A member of staff told us "They employ people with a variety of skills. Many staff return having gone on to other things and they employ service users and integrate them well." Another told us "I feel that the project manager and my line manager are readily available if I should need them and I feel I get the support I need" and "I feel supported in my role and benefit from the training that I receive."

We looked at the training records for four members of staff. The records confirmed that staff had received appropriate and relevant training in a variety of areas. This included specific training where required depending on the individual support needs of people they worked with, for example, with assisting a person to maintain their emotional well-being.

At our previous inspection we did not see any formal appraisals completed for any of the staff files that were checked. We made a recommendation about this at the time. The provider had accepted and acted upon our recommendation and staff had participated in an appraisal programme which explored work performance and development. We had also previously recommended improved consistency in respect of staff supervision, this too had been addressed by the provider and a consistent supervision programme had been established.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).

The registered manager, home link manager and deputy manager had a clear understanding of the code of practice for the Mental Capacity Act (MCA) 2005 which protected people who may not be able to make particular decisions for themselves. Staff received training about the MCA and DoLS, although this area did not apply to any person the service supported.

At our previous inspection we made a recommendation that the provider consistently obtained consent to care from people using the service as this had been inconsistent. We looked at four care plans of people

using the service and found that consent to care was requested and obtained for all.

The home link manager informed us that people who used the service were supported by the staff to maintain good health. The service continued to offer advice and support to address their health and access to healthcare services. Staff reported any concerns and supported people to raise health care concerns to the appropriate health and social care professionals involved. As an example of this we looked at the positive action that had been taken when a person had experienced difficulties with eating and drinking. The service had taken thorough action to ensure that the concerns were explored and that the appropriate guidance and advice was obtained for the person in order for them to be able to eat and drink safely.





## Our findings

People told us "They [staff] are brilliant. We have a good time together"; "They are all really nice. They're my friends" and "I love them. They help me to be more independent."

A relative told us "[My relative] thinks they are great. He really looks forward to seeing them. They have made a big difference to his life."

A member of staff told us "Elfrida do care, this is clear as everyone is treated in an equal manner and with respect." Another said "Elfrida are a very unique charity in that there is an intimacy in the way that they deal with service users and staff. One feels part of something and a sense of belonging."

Support plans were person centred, meaning that they were written in a way that focused on the person and not only their support needs. These plans described how support workers should work with each person to assist them to maintain relationships with important people in their lives. There were instructions for staff about how to encourage people to be as fully engaged with making decisions and choices for themselves, and to take the lead in controlling their own support.

Support plans included information about people's cultural and religious heritage, daily activities, included leisure time activities, communication and guidance about how support should be provided. Staff knew about people's unique heritage and support plans described what should be done to respect and involve people in maintaining their individuality and beliefs.

We asked about how the service worked with people who identify themselves as lesbian, gay, bisexual or transgendered (LGBT). The registered manager informed us, and we saw evidence, that the provider had detailed guidance and training for support workers about working with people who were identified as LGBT. Staff we spoke with demonstrated a commitment to acknowledging and respecting people as individuals and that this was each person's human right.



## Our findings

A person using the service told us "I know about the care plan. They asked me what I want them to do with me." Other people said "We go out shopping together. Sometimes we go to other places. We go to eat in nice places and they help me go to a club for dancing. I decide where I want to go" and "I would tell [staff] if I was not happy." A relative said "I've no concerns really. They are very good. I would speak to the office if [my relative] had a problem."

Staff told us "We have to write regular reports which are then discussed at supervision meetings. This keeps middle and top management informed about what happens on the frontline" and "The Elfrida Society is very effective." Other views also confirmed the examples given in describing the ways that the provider listened to and responded to people.

A service user guide about how to make a complaint was on display in the provider's reception office. Information was also made available to people using the service in different formats which included words, pictures, signs and symbols. No Complaints had been made to the provider since our previous inspection.

The four care plans we looked at demonstrated that support was planned in detail and was responsive to people's needs. Apart from daily living tasks, staff also assisted people to take part in activities. We looked at some care plans which described educational and employment activities as well as leisure time pursuits. People were encouraged to set new goals for improving their independence, for example, a person was working to improve the way they managed their money and minimise the risk of making mistakes when paying for things in shops. .

The service provided only a small amount of assistance to people to manage their personal physical care needs. Most people could usually manage this independently without much help. However, we also noted that where people did require this assistance the service was clear about how this should be provided and what staff should do if changes were needed.



## Our findings

People told us that "I know the managers. I like them"; "The people [staff] are really nice. The manager talks to me and asks me how I am" and "I call them sometimes and they always call me back." A relative was also confident about how the service was managed and said "I think it's a good organisation. They really seem interested in [my relative's] welfare. I'd say it's very well managed."

Staff told us "Senior management allows the employees as well as service users to be heard and does not run a top-down management strategy" and "One feels included in discussions about Elfrida and its future. Ideas are listened to and embraced. These are some of the benefits of a small charity."

Spot checks continued to be carried out. We looked at a sample of the records of spot checks and these showed that the quality of the service was kept under regular review.

The provider continued to use monitoring systems for the day to day operation of the service. Staff had specific roles and responsibilities for different areas. Apart from staff that directly supported people using the service, senior staff continued to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose.

People's views and ideas about the way the service operated were continuously sought through engagement forums as well as the regular and on-going day contact with people using the service and others. There continued to be clear lines of responsibility and procedures for reporting about the performance and quality of the service. In addition there were regular board meetings which considered all aspects of the service and the range of projects that were undertaken as well as the specific Homelink service. This demonstrated that the provider viewed engaging and listening to people as a core part of how the service was run.